



## **INDIVIDUAL TUITION REIMBURSEMENT APPLICATION FY07**

A complete application is required for consideration. Complete applications include this document and any required attachments. The guidelines for this program are:

- A. The Tuition Reimbursement program is designed to provide financial assistance in the form of partial tuition reimbursement for Virginia EMS providers who attend EMS certification programs. Tuition reimbursement is awarded only for tuition expenses incurred by the applicant for which no other source of financial assistance is received. The applicant must request tuition reimbursement using forms designed by and submitted to the Virginia Office of EMS.
- B. Reimbursement will be awarded based upon tuition expenses incurred by the student up to the maximum amount defined in ALSTF program.
- C. Individual Tuition Reimbursement from an ALSTF supported program.
  - a. The applicant must be a Virginia Certified EMS provider at the level of the program for which tuition is requested. (If the program was a paramedic program, the applicant must have received Virginia Paramedic certification from that program.)
  - b. The applicant must determine and accurately report whether the certification program for which tuition is being requested received funds from the ALSTF program.
  - c. The applicant must submit a completed Advanced Life Support Training Fund Individual Tuition Reimbursement Application. Incomplete applications will be returned.
  - d. The applicant must be actively affiliated with a Virginia licensed EMS agency that is capable of delivering care at the level of certification for which the applicant is seeking tuition reimbursement by submitting a Letter confirming agency affiliation on agency letterhead signed by the Agency's Chief

Division of Educational  
Development

Advanced Life Support  
Training Fund



Virginia Office of EMS  
109 Governor Street  
Suite UB-55  
Richmond, Va 23219

(804) 864-7600  
(800) 523-6019

Operations Officer (COO) including the COO's printed name and the agency's EMS License number. The letter must be dated.

- e. The application must be mailed to the Virginia Office of EMS and postmarked within six (6) months of the applicant receiving Virginia Certification at the level for which the tuition reimbursement is sought.
  - f. The funding level for tuition reimbursement for programs that also received ALSTF dollars is determined by OEMS based upon the ALSTF tuition award formula for Course Sponsored programs.
  - g. All awards are subject to funding availability and are evaluated in the order received.
- D. Falsification of information will automatically nullify the tuition reimbursement request and any subsequent requests for a period of five (5) years OEMS reserves the right to pursue appropriate legal action. Falsification of information discovered after tuition reimbursement is awarded will require return of any awards and the possibility of appropriate legal action.

*Applicants **should not attach** this cover page when submitting the application.*

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## ADVANCED LIFE SUPPORT TRAINING FUND INDIVIDUAL TUITION REIMBURSEMENT APPLICATION FY07

Type or print in black ink the requested information. If completing electronically, "tab" between fields to complete the application then print the form to add signatures. When completed, attach all required documentation and submit to:

ALS Training Funds  
Virginia Department of Health  
Office of Emergency Medical Services  
109 Governor Street, Madison Bldg., Suite UB-55  
Richmond VA 23219

<b>Virginia EMS Certification Number:</b>		<b>Course Taken:</b>	
<b>Applicant's SSN</b>	- - - - -	<b>e-mail</b>	
Applicant's Name	Last Name	First Name	MI
Mailing Address	Number, Street, Apt.	City	State Zip +4 +
<b>Course Information for which Tuition Reimbursement is being requested</b>			
		Course Coordinator	
Accreditation Number		Accredited Site Name	
Did this program receive ALSTF Funding (This information obtained from Course Coordinator) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Agency Affiliation Information</b> (This must be your primary agency. OEMS database must reflect the same information.)			
Agency Name		EMS Agency Number	
<b>All applications must have attached the following documents:</b>			
	1) Copy of EMS Certification Card 2) Letter confirming agency affiliation on agency letterhead signed by the Agency's Chief Operations Officer (COO) including the COO's printed name and the agency's EMS License number. The letter must be dated. 3) Attach the single page Tuition Reimbursement Financial document that indicates tuition cost, source of and amount of financial assistance, and total costs not recuperated.		
<b>By signing below, the applicant acknowledges that the information contained in this application is correct and truthful to the best of his or her knowledge. Falsification of information carries penalties which may affect this application as well as future financial assistance applications, EMS certification, and may lead to further legal action.</b>			
Applicant's Signature		Date Application Signed	
OEMS use only: Date reviewed: ____ / ____ / ____ Disposition: <input type="checkbox"/> Denied <input type="checkbox"/> Approved Amount Approved: \$ _____			
Control Number:			

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COMPLETE THIS FORM AND SUBMIT WITH THE TUITION REIMBURSEMENT APPLICATION.

<b>TOTAL TUITION COSTS</b>			\$
	<b>SEMESTER 1</b>	\$	
	<b>SEMESTER 2</b>	\$	
	<b>SEMESTER 3</b>	\$	
	<b>SEMESTER 4</b>	\$	
	<b>SEMESTER 5</b>	\$	
<b>TUITION FINANCIAL ASSISTANCE</b>		<b>SOURCE</b>	\$
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
<b>TUITION COSTS REMAINING</b>			\$